

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

12080 -62-048335
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

13 yrs

c. FULL NAME OF (If NOT in hospital, give location)

City Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

5019 Genevieve

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

BETTY

MAE

FOSTER

4. DATE OF DEATH

Month

Day

Year

Dec. 16, 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-4-32

9. AGE (last birthday)

30

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Telephone Operator

10b. KIND OF BUSINESS OR INDUSTRY

Telephone Co.

11. BIRTHPLACE (City and state or country)

Missouri New Madrid County

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Oscar Glenn

13b. MOTHER'S MAIDEN NAME

Lottie Newton

14. NAME OF HUSBAND OR WIFE

Bobby Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

5019 Genevieve Ave.

Bobby Foster, St. Louis, Missouri

18. CAUSE OF DEATH (Enter only one cause per line f.

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Subdural hemorrhage and hemorrhage within the brain

as a result of a fracture of the skull; suffered when

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

struck by bat, slugged and raped, at the hands of one

Ellis Coney and Leon Grimm, in lot in the vicinity of

213 Washington Ave., about 5:45 P.M. Dec. 5th 1962.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal

disease condition given in PART I (a)

Homicide

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

See above

20c. TIME OF INJURY

Hour a.m. p.m.

5:45 12-5-62

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

parking lot

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo

COUNTY

STATE

21. I attended the deceased from _____, to _____ and last saw him alive on _____

Death occurred at 7:55 PM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1300 Clark

22c. DATE SIGNED

12-17-62

23a. BURIAL CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12-17-62

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

Jonesboro, Arkansas

24. FUNERAL DIRECTOR

ADDRESS

Gregg Funeral Home, Jonesboro, Arkansas

25. DATE RECD. BY LOCAL REG.

DEC 17 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John J. Kessly III
Licensed Embalmer No. 5039

P. O. Address E. St. Louis Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.